

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



June 24, 1987

ALL-COUNTY LETTER NO. 87-84

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: REVISED ELDER ABUSE/DEPENDENT ADULT ABUSE MONTHLY
STATISTICAL REPORT, FORM SOC 340

REFERENCE: ALL COUNTY LETTER 86-66

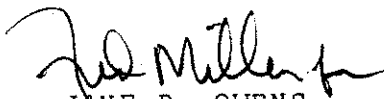
This is to notify you that Form SOC 340 (5-86), Elder Abuse/Dependent Adult Abuse Monthly Statistical Report, has been revised to collect additional information required by changes to the Welfare and Institutions (W & I) Code, specifically, Sections 15620 and 15630 as modified by Chapter 769, Statutes of 1986, (Assembly Bill (AB) 3988) which was signed into law in September 1986. The AB 3988 adds to the W & I Code paragraph 15630(j) which requires each county adult protective services agency to report monthly to the State Department of Social Services on the reports received on elder/dependent adult abuse in the county.

The revised statistical report calls for reporting of elder/dependent adult abuse where the abuse occurred in other than a Long-term Care Facility, except as specified on the report. Reports of abuse which occurred in Long-Term Care Facilities will be reported each month by ombudsman coordinators to the State Department of Aging on Form SOC 340A. A copy of the completed Form SOC 340A will be sent by local ombudsman coordinators to county adult protective services agencies on a monthly basis for county information purposes. At the state level, staff of the State Department of Aging will submit to the State Department of Social Services quarterly summaries of statistical information reported to them by the ombudsman coordinators.

Changes to the statistical report form include separate reporting of cases where the abuse was perpetrated by another person and where the abuse was self-inflicted. For both types of cases, several new parts have been added to the form; Part A, Number of Reports; Part D, Types of Actions taken on confirmed cases; and Part E, Adult Protective Services Investigations in Long-Term Care Facilities. For those cases where the abuse was perpetrated by another person, sexual abuse is reported separately from physical abuse in Part B as specifically required by Statute.

Revised statistical reporting is scheduled to be implemented with the July 1987 report month. Copies of the revised report form and reporting instructions are attached for your use. Counties may obtain a supply of the revised form by submitting an order to the Department of Social Services Warehouse on Form 727-B, County Forms Order.

If you have any questions about statistical reporting on this form, please call Ms. Stevelyn Christopher of the Data Processing and Statistical Services Bureau at (916) 920-7376 or (ATSS) 430-7376.



JANE R. OWENS
Acting Deputy Director
Management Systems and
Evaluation Division

Attachments

cc: CWDA

REPORTING INSTRUCTIONS
ELDER ABUSE/DEPENDENT ADULT ABUSE
MONTHLY STATISTICAL REPORT (FORM SOC 340)

CONTENT

Form SOC 340 collects summary statistical information on reports of abuse which occurred in other than Long-Term Care Facilities. The report differentiates under two headings reports of abuse perpetrated by another person and reports of abuse which were self-inflicted. Information is reported for two types of adults: Elder adults - those age 65 and older, and dependent adults - those age 18 to 64. Under these headings, the report form calls for items of information describing number of reports, types of confirmed abuse, an unduplicated count of abused persons, the types of actions taken on confirmed cases, and minimal information on adult protective service investigations in Long-Term Care Facilities.

PURPOSE

The purpose of Form SOC-340 is to meet the mandate set forth in Division 8.5 of the W&I Code, and Sections 15620 and 15630 of Division 8.5 of the W&IC as amended by Chapter 769, Statutes of 1986 (AB 3988).

DISTRIBUTION

Summaries of the information will be made available to departmental managers and to interested agencies and persons on request.

DUE DATE

Reports are to be received in Sacramento on or before the tenth working day of the month following the report month.

SUBMITTAL

Send the completed reports to:

Department of Social Services
Statistical Services Section
744 P Street, M.S. 19-81
Sacramento, CA 95814

If the report will be either delayed or incomplete in any way, please contact the Statistical Services Branch at (916) 924-2838 or ATSS 434-2838.

DEFINITIONS OF TERMS USED IN THIS REPORT

Elder:

"Elder" means any person residing in California who is 65 years of age or older.

Dependent Adult:

"Dependent Adult" means any person residing in California who is between the age of 18 and 64, who has physical or mental limitations which restrict his or her ability to carry out normal activities or to protect his or her rights, including but not limited to persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age. Dependent adult includes any person between the ages of 18 and 64 who is admitted as an inpatient to a 24-hour care facility.

Elder Abuse or Dependent Adult Abuse:

Abuse of an elder or of a dependent adult means physical abuse, neglect, intimidation, cruel punishment, sexual assault, abandonment, fiduciary abuse, or other treatment which results in physical harm or pain or mental suffering, or the deprivation by a care custodian of goods or services which are necessary to avoid physical harm or mental suffering.

ABUSE PERPETRATED BY ANOTHER PERSON

Physical abuse - "Physical Abuse" includes assault, battery, assault with a deadly weapon or force likely to produce great bodily injury, unreasonable physical restraint or prolonged or continual deprivation of food or water.

Sexual assault - "Sexual Assault" includes sexual battery, rape, rape in concert, incest, sodomy, oral copulation, or penetration of a genital or anal opening by a foreign object.

Neglect - The negligent failure of any person having the care or custody of an elder or of a dependent adult to exercise that degree of care which a reasonable person in a like position would exercise. Neglect includes, but is not limited to, all of the following:

- (1) Failure to assist in person hygiene, or in the provision of food, clothing, or shelter.
- (2) Failure to provide medical care for physical and mental health needs. No person shall be deemed neglected or abused for the sole reason that he or she voluntarily relies on treatment by spiritual means through prayer alone in lieu of medical treatment.
- (3) Failure to protect from health and safety hazards.
- (4) Failure to prevent malnutrition.

Abandonment - The desertion or willful forsaking of an elder or a dependent adult by anyone having care or custody of that person under circumstances in which a reasonable person would continue to provide care and custody.

Fiduciary Abuse - A situation in which any person who has the care or custody of, or who stands in a position of trust to, an elder or a dependent adult, takes, secretes, or appropriates their money or property, to any use or purpose not in the due and lawful execution of his or her trust.

Mental Suffering - Deliberately subjecting a person to fear, agitation, confusion, severe depression, or other forms of serious emotional distress, through threats, harassment, or other forms of intimidating behavior.

SELF-INFLICTED ABUSE

For statistical reporting purposes, self-inflicted abuse includes the following:

- physical : neglect and/or other physical abuse
- suicidal : attempted suicide
- fiduciary: financial excesses

and other self-inflicted abuse (that is, abuse not perpetrated by any other person).

GENERAL INSTRUCTIONS

Types of Information to Report

Exclude from this report (Form SOC 340) any reports of persons where the abuse occurred in a Long-Term Care Facility (except as specifically called for under Part E). This exclusion refers to reports of persons who were abused during the report month where the abuse occurred in a Long-Term Care Facility, including Skilled Nursing and Intermediate Care Facilities, community care facilities (including adult day care facilities and residential care facilities for the elderly, either licensed or unlicensed), swing beds in an acute care facility or any extended care facility, and any adult day health care facility. Although Long-Term Care ombudsman coordinators will submit reports of abuse in Long-Term Care Facilities to county Adult Protective Service agencies on a monthly basis, statistical counts will be reported by the ombudsman coordinators on Form SOC 340A directly to the State Department of Aging. The incidents of abuse submitted by the ombudsman coordinators to the county welfare department is for the information of county staff and is not to be reported to the State Department of Social Services on Form SOC 340. To meet the statutory requirement, the State Department of Aging will provide the State Department of Social Services with quarterly summaries of the ombudsman coordinators reports.

Report on Form SOC 340 only those abuse incidents which, when reported on Form SOC 341 (Report of Suspected Dependent Adult/Elder Abuse) had a type of setting other than Long-Term Care Facility checked under the item "Place of

Incident." Report only those cases of abuse which occurred or were reported and/or acted on during the report month where the abuse occurred in other than a Long-Term Care Facility. Exclude those cases where the incident of abuse is checked as having occurred in a Long-Term Care Facility.

All incidents of abuse that become known to the county and/or were acted upon by the county during the report month are to be reported on Form SOC 340. These counts will be based primarily on incidents reported to the county on Form SOC 341 and on Form SOC 341s completed by county staff when reports of abuse are received by telephone. Although completing the Form SOC 341 serves as documentation of all reports of abuse to adults, if for some reason the form is not completed on a given incident, that incident should still be reported on the Form SOC 340.

In the two left-hand columns information will be collected on victims of abuse perpetrated by another person, while in the two right-hand columns similar information on victims of self-inflicted abuse will be collected. Under each of these headings, columns are provided for separate reporting of abuse of Elder Adults and Dependent Adults.

Part A on Form SOC 340 will collect information on number of reports, Part B will collect information on types of confirmed abuse, and Part C will collect the number of abuse victims, both elderly adults (age 65 and older) and dependent adults, (ages 18 to 64). Part D will collect information on types of action taken, and Part E will collect information on adult protective service investigations in Long-Term Care Facilities.

COLUMN INSTRUCTIONS

REPORTS OF CASES OF ABUSE PERPETRATED BY ANOTHER PERSON

Use the two left-hand columns of the form to report information on cases of elder abuse/dependent adult abuse where the abuse was the result of actions of another person.

REPORT OF CASES OF SELF-INFLICTED ADULT ABUSE

Use the two right-hand columns of the form to report information on cases of elder/dependent adult abuse where the abuse was self-inflicted.

Note: The reporting of self-inflicted abuse differs from the reporting of abuse perpetrated by another person in that, for the purpose of reporting self-inflicted abuse, both physical abuse and neglect are to be reported under physical abuse.

REPORTS OF CASES OF ELDER ADULTS OR DEPENDENT ADULTS

Under the appropriate column heading report the number of persons abused who are either (1) elder adults (those age 65 or older) or (2) dependent adults (those between the ages of 18 and 64) where the abuse occurred in other than a Long-Term Care Facility, when the abuse was either (1) the result of the actions (or inaction) of another person, or (2) was self-inflicted.

ITEM INSTRUCTIONS

PART A. NUMBER OF REPORTS

Use this part of the form to report the number of elder/dependent adult abuse reports which were received by the Adult Protective Services Unit of the county welfare department during the month and the disposition of these reports and any other reports pending from previous months.

1. Received during the month:

Enter the number of reports of abuse which were received by the county during the month. Most, if not all of these reports would have been reported to the county on Form SOC 341, Report of Elder/Dependent Adult Physical Abuse. Count a reported incident of abuse only once in cases where more than one report of the same incident of abuse is received.

2. Investigated during the month:

Enter the number of reports for which investigations were completed by the county during the month, without regard to the month in which the report was received.

3. Number of Reports Confirmed during the Month:

Enter the number of reports which were confirmed during the month.

This can be a duplicated count if there are more than one confirmed reports of abuse for the same person during the same report month. Report each incident of abuse under this item. This is an incidence count of the number of confirmed reports during the report month.

4. Number of Reports Dismissed during the Month:

Enter the number of reports which were dismissed during the month for such reasons as insufficient evidence, etc.

5. Number of Unfounded Reports during the Month:

Enter the number of reports where the investigation determined the report to be unfounded for such reasons as a false report, etc.

PART B. TYPES OF CONFIRMED INCIDENTS OF ADULT ABUSE

Under Part B, for each type of abuse listed, report the unduplicated count of the type of confirmed abuse for each individual each month. Unduplicated count means that even though an individual may have, for example, three separate reports of the same type of abuse during a report month, report that individual only once for that type of abuse on the monthly report. However, if more than one type of abuse is confirmed for an individual during the

report month, report each type of confirmed abuse that occurred. For example, if two incidents of physical abuse and one incident of fiduciary abuse are committed against an individual during the month, report a count of one (1) under physical abuse and a count of (1) under fiduciary abuse.

NOTE: Even though the count of each type of abuse reported under Items 6 through 13 is unduplicated in terms of persons, the total (Item 14) may represent a duplicated count of the number of persons abused, since one person may have been subject to more than one type of abuse during the report month.

The county also may receive more than one report of the same incident of abuse. If more than one person or agency reports the same incident of abuse for the same individual, report this incident only once on this report.

PART C. TOTAL NUMBER OF CONFIRMED ELDER/DEPENDENT ADULT ABUSE CASES

Use this part of the form to report the total of the unduplicated count of the number of persons (elder and dependent adults) who were victims of any type(s) of abuse confirmed during the month. Report also the number of persons for whom abuse had been confirmed in a previous month but the cases have not yet been referred to Adult Protective Services or to another agency for assignment to a services caseload or have not yet been closed.

This is an unduplicated persons count. If two reports of confirmed abuse were reported for the same person during the month under Part A, Item 3, (Confirmed), above, report this person only once under Item 15 during the same report month.

15. Total Unduplicated Number of Confirmed Cases Abused During the Month:

Enter the unduplicated number of persons (both elder adults and dependent adults) who were victims of any type of abuse confirmed during the month.

15A. Number of Persons with Confirmed Abuse during Previous Month(s) Whose Cases are still on hand:

Enter the number of persons for whom abuse had been confirmed during a previous month but the cases have not yet been referred to Adult Protective Services or to another agency for assignment to a services caseload or have not yet been closed.

PART D. TYPES OF ACTIONS TAKEN ON CONFIRMED CASES

Use this part of the form to report the type of action that was taken during the month on confirmed cases of elder abuse/dependent adult abuse. Reportable types of actions include the following:

- 1 - Victims refusing service
- 2 - Investigations closed/no service needed
- 3 - Adult Protective Services Cases open for services
- 4 - Referred to another agency for services (APS case not opened)
- 5 - Other.

PART E. ADULT PROTECTIVE SERVICES INVESTIGATIONS IN LONG-TERM CARE FACILITIES

Use this part of the form to report information describing Adult Protective Services investigations of abuse occurring in Long-Term Care Facilities during the month. Refer to All-County Letters 86-133 and 86-136.

21. Where Abuse Occurred in a Long-Term Care Facility:

- A. Number of requests received from ombudsman coordinators for assistance from Adult Protective Service (APS) Staff in investigations of abuse reports in Long-Term Care Facilities during the month:

Enter the number of requests received during the month from ombudsman coordinators for assistance from APS staff in the investigations of reports of abuse occurring in Long-Term Care Facilities.

- B. Number of abuse investigations involving APS staff.

Enter the number of investigations in which county APS staff members were involved during the month.

- C. Number of confirmed abuse reports resulting from these APS investigations in Long-Term Care Facilities during the month:

Enter the number of confirmed reports of abuse resulting from these APS investigations.

FORM SOC 340

Fill in the information requested at the top and bottom of the report form and enter the counts required for each item. If there is nothing to report for an item, enter "0". Do not leave any data cells blank.

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ELDER ABUSE/DEPENDENT ADULT ABUSE MONTHLY STATISTICAL REPORT

RETURN COMPLETED FORM TO: Department of Social Services
Statistical Services Section
744 P Street, M.S. 19-81
Sacramento, CA 95814

COUNTY	MONTH ENDING	CTY CODE	MONTH	YEAR
REPORTS OF CASES OF ABUSE	PERPETRATED BY ANOTHER PERSON		SELF-INFLICTED	
	ELDER ADULT 65+	DEPENDENT ADULT 18-64	ELDER ADULT 65+	DEPENDENT ADULT 18-64

PART A. NUMBER OF REPORTS:	01	02	03	04
1. Received				
2. Investigated	05	06	07	08
3. Confirmed	09	10	11	12
4. Dismissed (Insufficient Evidence)	13	14	15	16
5. Unfounded (False Reports)	17	18	19	20
PART B. TYPES OF CONFIRMED INCIDENTS				
6. Physical	21	22	23	24
7. Sexual	25	26		
8. Neglect	27	28		
9. Abandonment	29	30		
10. Mental Suffering	31	32		
11. Fiduciary	33	34	35	36
12. Suicidal			37	38
13. Other	39	40	41	42
14. Total Sum of Items 6 Through 13	43	44	45	46
PART C. TOTAL NUMBER OF PERSONS WITH CONFIRMED ABUSE:				
15. Total Unduplicated Number of Persons with Confirmed Abuse During the Month	47	48	49	50
A. Number of Persons with Confirmed Abuse During Previous Month(s) Whose Cases are Still On Hand	51	52	53	54
PART D. TYPES OF ACTIONS TAKEN ON CONFIRMED CASES:				
16. Victims Refusing Service	55	56	57	58
17. Investigation Closed/No Service Needed	59	60	61	62
18. Adult Protective Services Cases Open for Services	63	64	65	66
19. Referred to Another Agency (APS Case Not Opened)	67	68	69	70
20. Other	71	72	73	74
PART E. ADULT PROTECTIVE SERVICES INVESTIGATIONS IN LONG-TERM CARE FACILITIES:				
21. Where Abuse Occurred in a Long-Term Care Facility:				
A. Number of Requests from Ombudsmen for Assistance from APS Staff	75	76	77	78
B. Number of Abuse Investigations Involving APS Staff	79	80	81	82
C. Number of Confirmed Abuse Reports Resulting from These APS Investigations	83	84	85	86

PERSON TO CONTACT REGARDING THIS REPORT

TELEPHONE NUMBER

DATE

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